




Client Name _____

Street _____

City, State, ZIP _____

Phone Number _____

Initial Interview 

Follow-up Interview

Case Number
(from Form 901)

Single Family ☐

Multi-Family ☐

Chapter Incident #
or DR #

This form has NO cash value and may NOT be redeemed for goods or services.

[illegible]**TOTAL VALUE OF GOODS AND SERVICES AUTHORIZED**

\$

CLIENT CERTIFICATION OF RECEIPT OF THE RED CROSS *CLIENT ASSISTANCE CARD* AND ACKNOWLEDGMENT OF GOODS/SERVICES AUTHORIZED: I certify that I have received the American Red Cross *CLIENT ASSISTANCE CARD* with the account number shown above. I agree to use this *CLIENT ASSISTANCE CARD* to obtain only the goods and services listed above related to needs resulting from a disaster.

I also acknowledge that I will not be issued funds for items for which I have already been assisted as noted above.

Signature (and relationship if not client)

Date _____

Signer's Identification

Authorized By:**Supervisor's Approval** *(if applicable)*:

Name of Activator (if applicable):

Access Code

Chapter Code

County Code

List No.

Audited By:

This form shall be prepared in triplicate: WHITE (original) shall be given to the client along with the activated *CLIENT ASSISTANCE CARD*. The YELLOW copy shall be forwarded to the person responsible for the audit and accounting of the *CLIENT ASSISTANCE CARD* account statement. The PINK copy is for the case record.

ORIGINAL - Client

YELLOW - Accounting

PINK - Case File

American Red Cross Form 1030
(9/02)